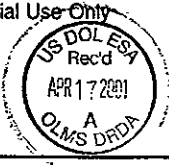


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER  011-411	2. PERIOD COVERED MO DAY YEAR From 01 01 2000 Through 12 31 2000	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
<b>IMPORTANT</b>  Peel off the address label from the back of the package and place it here.  If the label information is correct, leave Items 4 through 8 blank.  If any of the label information is incorrect, complete Items 4 through 8.				8. MAILING ADDRESS (Type or print in capital letters.)  First Name  Last Name  P.O. Box • Building and Room Number (if any)  Number and Street  City  State ZIP Code + 4
4. AFFILIATION OR ORGANIZATION NAME UNITED TRANSPORTATION UNION		6. DESIGNATION NUMBER 60-201		
5. DESIGNATION (Local, Lodge, etc.)		7. UNIT NAME (if any)		
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.)		Yes No <input checked="" type="checkbox"/>		

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>R.K. Sargent</u>	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>J.R. Townsend</u>	TREASURER (If other title, see instructions.)
<u>3 1 16 2001</u>	<u>(304) 453-1102</u>	<u>3 1 16 2001</u>	<u>(304) 453-1102</u>
Date	Telephone Number	Date	Telephone Number

*During the Reporting Period Did Your Organization:*

- |  | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  |     | X  |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | X   |    |
| 12. Have a political action committee (PAC) fund? .....  |     | X  |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  |     | X  |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  |     | X  |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  |     | X  |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... |     | X  |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  |     | X  |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 799
19. What is the date of your organization's next regular election of officers? MO YEAR  
01 2003
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 75000
21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>43.39</u> per <u>monthly</u> (Month, Year, etc.)
(b) Initiation Fees	\$ _____
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

- |  | Yes | No |
|--|-----|----|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....<br>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) |     | X  |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? .....  |     | X  |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? .....  |     | X  |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 011-411

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
<b>ASSETS</b>	25. Cash.....		145129	119212
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....	1	0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	0	0
	30. Fixed Assets.....	5	0	0
	31. Other Assets.....	3	0	0
	32. TOTAL ASSETS.....		145129	119212
<b>LIABILITIES</b>	33. Accounts Payable.....		0	0
	34. Loans Payable.....	8	0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	0	0
	37. TOTAL LIABILITIES.....		0	0
	38. NET ASSETS (Item 32 less Item 37).....		145129	119212

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 011-411

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues .....			320385	56. To Officers .....	9		104665
40. Per Capita Tax .....			0	57. To Employees .....	10		35110
41. Fees .....			0	58. Per Capita Tax .....			0
42. Fines .....			0	59. Fees, Fines, Assessments, etc. ....			0
43. Assessments .....			0	60. Office & Administrative Expense ....	13		15999
44. Work Permits .....			0	61. Educational & Publicity Expense ...			0
45. Sale of Supplies .....			0	62. Professional Fees .....			559
46. Interest .....			0	63. Benefits .....	11		72641
47. Dividends .....			0	64. Contributions, Gifts & Grants .....	12		0
48. Rents .....			0	65. Supplies for Resale .....			0
49. Sale of Investments & Fixed Assets .....	6		0	66. Direct Taxes .....			41983
50. Loans Obtained .....	8		0	67. Withholding Taxes .....			66873
51. Repayments of Loans Made .....	1		0	68. Purchase of Investments & Fixed Assets .....	7		158
52. On Behalf of Affiliates for Transmittal to Them .....			0	69. Loans Made .....	1		0
53. From Members for Disbursement on Their Behalf .....			0	70. Repayment of Loans Obtained .....	8		0
54. Other Receipts .....	14		251	71. To Affiliates of Funds Collected on Their Behalf .....			0
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements .....	15		8565
55. TOTAL RECEIPTS .....			320636	74. TOTAL DISBURSEMENTS .....			346553

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 011-411

Enter Amounts in Dollars Only — Do Not Enter Cents

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in ..... <div style="display: flex; justify-content: space-between; width: 100%;"> <span>↑ Item 27 Column (A)</span> <span>↑ Item 69</span> <span>↑ Item 51</span> <span>↑ Item 75 with Explanation</span> <span>↑ Item 27 Column (B)</span> </div>					

## SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 011-411

## SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in ..... Item 31, Column (B)	

## SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 11-411

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	12,700	12,700	0	2,250
7. Other Fixed Assets	20,980	20,980	0	6,860
8. Totals of Lines 1 through 7	33,680	33,680	0	9,110
Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)				

# SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	0
Enter the Total from Line 8 in ..... Item 49				

FILE NUMBER: 011-411

## SCHEDULE 8 — LOANS PAYABLE

Form LM-2 (Revised 2000)



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 011-411

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. SARGENT Last Name: SARGENT, First Name: RANDALL Title: GEN CHAIRMAN, Status: C		82120	0	7409	0	89529
2. TOWNSEND Last Name: TOWNSEND, First Name: JAMES Title: GCA SECRETARY, Status: C		71942	0	4296	0	76238
3.						
4.						
5.						
6.						
7.						
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		154,062		11,705		165,767
				10. Less Deductions 61102		
Enter the Total from Line 11 in ..... Item 56 ⇒				11. Net Disbursements 104665		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 011-411

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. <small>Last Name</small> VANDERPOOL <small>First Name</small> TONNA  <small>Position</small> SECRETARY  <small>Name of Affiliated Organization</small>	34320	0	0	0	34320
2. <small>Last Name</small>  <small>Position</small>  <small>Name of Affiliated Organization</small>					
3. <small>Last Name</small>  <small>Position</small>  <small>Name of Affiliated Organization</small>					
4. <small>Last Name</small>  <small>Position</small>  <small>Name of Affiliated Organization</small>					
5. <small>Last Name</small>  <small>Position</small>  <small>Name of Affiliated Organization</small>					
6. Totals from additional pages <small>(if any)</small>					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	8,218		5,833		14,051
8. Totals of Lines 1 through 7	42,538		5,833		48,371
Enter the Total from Line 10 in ..... Item 57 ⇨			9. Less Deductions 13261		
			10. Net Disbursements 35110		

# **SCHEDULE 11 — BENEFITS**

FILE NUMBER: 011-411

Description (A)	To Whom Paid (B)	Amount (C)
1. See Attachment		
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		72 641
Enter the Total from Line 6		Item 63


## **SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	0
Enter the Total from Line 8 in	
Item 64	


## **SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. See Attachment	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	15999
Enter the Total from Line 8 in	
Item 60	

**SCHEDULE 14 —  
OTHER RECEIPTS**

Description (A)	Amount (B)
1. See Attachment	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	251
Enter the Total from Line 17 in .....  Item 54	

**SCHEDULE 15 —  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. See Attachment	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	8565
Enter the Total from Line 17 in .....  Item 73	

**SCHEDULE 11 — BENEFITS**

Description (A)	To Whom Paid (B)	Amount (C)
1. HealthWelf	United Healthcare	\$48,600.00
2. Dental:	Metlife	\$2,097.36
3. TravAccident	CIGNA Life Ins.	\$0.00
4. Pension Exp:	UTU Ins. Association	\$19,660.03
5. Vision Exp.	Vision Service Plan	\$711.48
6. Disability Ins.	UTU Ins. Association	\$1,572.50
7.		
8.		
9.		
10. Total from additional pages (if any)		
11. Total of Lines 1 through 10		\$72,641.37
Enter the Total from Line 11 in .....		↑ Item 63

**SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1.	\$0.00
2.	\$0.00
3.	\$0.00
4.	\$0.00
5.	
6.	
7.	
8.	
9.	
10. Total from additional pages (if any)	
11. Total of Lines 1 through 10	\$0.00
Enter the Total from Line 11 in..... Item 64	

**SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. Insurance	\$0.00
2. Postage	\$565.94
3. Rent and Maintenance Leased Equip	\$0.00
4. Rent	\$6,600.00
5. Supplies	\$3,581.64
6. Telephone	\$3,354.83
7. Utilities	\$1,896.45
8. Moving Expense	\$0.00
9.	\$0.00
10. Total from additional pages (if any)	
11. Total of Lines 1 through 10	\$15,998.86
Enter the Total from Line 11 in ..... Item 60	

**SCHEDULE 14 — OTHER RECEIPTS**

Description (A)	Amount (B)
1. REBATE	\$18.04
2. REIMBURSED EXP	\$13.84
3. REFUND	\$218.85
4.	\$0.00
5.	
6.	
7.	
8.	
9.	
10. Total from additional pages (if any)	
11. Total of Lines 1 through 10	\$250.73
Enter the Total from Line 11 in ..... Item 54	

**SCHEDULE 15 — OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Benevolent	\$0.00
2. Entertainment	\$0.00
3. Meetings	\$0.00
4. Membership Dues	\$0.00
5. Printing and Publication	\$1,075.22
6. Promotion	\$0.00
7. Dues	\$3,751.76
8. Savings Bonds	\$0.00
9. Insurance Premiums	\$3,272.92
10. Total from additional pages (if any)	\$465.00
11. Total of Lines 1 through 10	\$8,564.90
Enter the Total from Line 11 in ..... Item 73	



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Transfer of Funds	\$0.00
Insurance premiums:	\$96.00
Advances	\$0.00
Credit Union	\$0.00
Scholarship	\$369.00
TPEL	\$0.00
Misc UTU	\$0.00
Total	\$465.00

